

# Quarterly Totals

## Demographic Reporting Form

Positive Alternatives

Date: Apr – Je 20, 2016

Grantee Name: North Side Life Care

Center

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
		2	19	11	8	6	

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
21	10	5	8	2

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
10	26	10

### 4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
6	30	3		5		

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
5		

## **INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM**

- 1.** Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., January – March, 2014).
- 2.** Enter your organization name.
- 3.** Using the Individual Demographic forms collected during the reporting period, enter the totals for each of the demographic categories in numbers 1 – 5.
- 4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter. Reports are due the 20<sup>th</sup> of the month after the end of a quarter.
- 5.** Reuse the form each quarter.